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JAN 25 2007

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24309 7590 11/21/2006

XILINX, INC
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Pat Tompkins	(Depositor's name)
Pat Tompkins	(Signature)
January 25, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/660,243	09/11/2003	Matthew S. Shafer	X-1353 US	5366
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TITLE OF INVENTION: COMMUNICATION SIGNAL TESTING WITH A PROGRAMMABLE LOGIC DEVICE

01/25/2007 TBESHAK2 00000032 240040 10660243

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	02/21/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHUNG, PHUNG M	2138	714-725000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. W. Eric Webostad 2. _____ 3. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

XILINX, INC.

San Jose, California 95124

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies _____	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) <input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 24-0040 (enclose an extra copy of this form).
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Authorized Signature 

Date January 25, 2007

Typed or printed name Michael R. Hardaway

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Inventor(s): Matthew S. Shafer et al.

Assignee: XILINX, INC.

Serial No.: 10/660,243

conf.no. 5366

Filed: September 11, 2003

Title: Communication Signal Testing with a Programmable Logic Device

Docket No.: X-1353 US

Enclosed: Return Receipt Postcard
Fee Transmittal - Part B

Date: January 25, 2007

VIA FACSIMILE 571-273-2885

Atty/Sec: MRH/pat